

Docket: A-1911

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: / Confirmation No.: 7032  
Mathis et al. /  
US Serial No.: 10/820,168 / Group Art Unit: 2819  
Filed: 4/7/2004 / Examiner: Linh V. Nguyen  
Title: CHANNELIZED ANALOG-TO- / Customer No.: 33197  
DIGITAL CONVERTER /

**CERTIFICATE OF FACSIMILE TRANSMITTAL**

I hereby certify that this correspondence is being facsimile transmitted to facsimile telephone number 703-872-9306 on Monday, April 4, 2005.

Date: 4/4/2005Signed: Donald E. Stout  
Donald E. Stout, Reg. No. 34,493

Fee Only

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the office action mailed on November 2, 2004, please amend the subject application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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04/11/2005 TBELL1 00000006 135135 10820168  
01 FC:2252 225.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number

10820168

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 = *	-
INDEPENDENT CLAIMS	minus 3 = *	-
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	4-405	CLAIMS REMAINING AFTER AMENDMENT		(Column 2)	(Column 3)
				HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	16	Minus	** 20	= —
Independent	*	3	Minus	*** 3	= ✓
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	Fee	RATE	Fee
BASIC FEE	150.00	OR BASIC FEE	300.00
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL		OR TOTAL	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Column 2)	(Column 3)
				HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE		ADDITIONAL FEE	
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Column 2)	(Column 3)
				HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE		ADDITIONAL FEE	
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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